

549

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

## DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 1-4

Place of Birth Hayden County Arizona No. Gen Dial St.  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH*	<u>July</u> (Month)	<u>20</u> (Day)	<u>1912</u> (Year)
FULL NAME	FATHER <u>Clemente Lopez</u>		
FULL MAIDEN NAME	MOTHER <u>Teresa Olivas</u>		

I HEREBY CERTIFY that the child described  
herein has been named

Angela Lopez  
(Give name in full) (Surname)  
Mrs. Teresa O. Lopez  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M-8-42-Bower Co.

139-720-362